



DISINFECTANTS AND DISINFECTION BY-PRODUCTS RULE (DBPR) SUMMARY

North Dakota Department of Health

Division of Municipal Facilities

SFN 54271 (3/2005)

Public Water System (PWS) Name	PWS Number ND _ _ _ _ _
Type of Water System Ground Water _____ Surface Water _____	Population
Type(s) of Disinfectant Used	Operator's Signature
Reporting for Year _____	
1 st Quarter _____ (Report by April 10 th) 2 nd Quarter _____ (Report by July 10 th) 3 rd Quarter _____ (Report by October 10 th) 4 th Quarter _____ (Report by January 10 th)	

Note: Systems that do not use the State Chemistry Laboratory must attach information identifying the location, sampling date, and result for each sample. All testing must be performed by a certified laboratory.

Section 1. TTHM and HAA5 Routine Monitoring: _____ Reduced Monitoring: _____	
Number of TTHM samples taken during quarter: _____ Number of HAA5 samples taken during quarter: _____	
TTHM Quarterly Average: _____ mg/L Running Annual Average: _____ mg/L	
HAA5 Quarterly Average: _____ mg/L Running Annual Average: _____ mg/L	
TTHM MCL exceeded? (0.080 mg/L for TTHM) Yes: _____ No: _____	
HAA5 MCL exceeded? (0.060 mg/L for HAA5) Yes: _____ No: _____	
Section 2. Free Chlorine/Chloramines/Total Chlorine (No reduced monitoring allowed)	
Month: _____ Number of samples: _____ Monthly Average: _____ mg/L	
Month: _____ Number of samples: _____ Monthly Average: _____ mg/L	
Month: _____ Number of samples: _____ Monthly Average: _____ mg/L	
Quarterly Average: _____ mg/L Running Annual Average: _____ mg/L	
MRDL exceeded? Yes: _____ No: _____ (4.0 mg/L as free Cl ₂ for Chlorine, 4.0 mg/L as combined Cl ₂ for Chloramines, and 4.0 mg/L as Total Chlorine)	
Section 3. Bromate Routine Monitoring: _____ Reduced Monitoring: _____	
Number of samples taken during last quarter: _____	
Quarterly Average: _____ mg/L Running Annual Average: _____ mg/L	
MCL exceeded? (0.010 mg/L) Yes: _____ No: _____	
Bromide (must maintain a running annual average of less than 0.05 mg/L for source water bromide to reduce the monitoring for bromate to once per quarter)	
Quarterly Average: _____ mg/L Running Annual Average: _____ mg/L	

Section 4. TOC and Alkalinity

Routine Monitoring: _____ Reduced Monitoring: _____

Number of paired samples taken last quarter: _____

(Attach location, date, and result of each sample including the source water alkalinity result if using a certified laboratory other than the State Chemistry Lab.)

Month: _____ Ratio of Actual TOC Removed to Required TOC Removal: _____

Month: _____ Ratio of Actual TOC Removed to Required TOC Removal: _____

Month: _____ Ratio of Actual TOC Removed to Required TOC Removal: _____

Quarterly Average - Ratio of Actual TOC Removed to Required TOC Removal: _____

Running Annual Average - Ratio of Actual TOC Removed to Required TOC Removal: _____

In compliance? (≥ 1.0) Yes: _____ No: _____

Using Alternative Compliance Criteria? Yes: _____ No: _____

Mark which alternative compliance criteria are being used (results required if using to substitute for TOC removal).

NOTE: Compliance for all criteria is based on running annual average.

- _____ 1. Source water TOC < 2.0 mg/L
- _____ 2. Treated water TOC < 2.0 mg/L
- _____ 3. Source water TOC < 4.0 mg/L, source water alkalinity > 60 mg/L (as CaCO_3) and TTHM ≤ 0.040 mg/L and HAA5 ≤ 0.030 mg/L
- _____ 4. TTHM ≤ 0.040 mg/L and HAA5 ≤ 0.030 mg/L, and the system used only chlorine for primary and residual disinfection
- _____ 5. Source water SUVA ≤ 2.0 L/mg-m
- _____ 6. Treated water SUVA ≤ 2.0 L/mg-m
- _____ 7. Softening that results in lowering the treated water alkalinity to less than 60 mg/L (as CaCO_3), measured monthly and calculated quarterly as a running annual average.
- _____ 8. Softening that results in removing at least 10 mg/L of magnesium hardness (as CaCO_3), measured monthly and calculated quarterly as a running annual average.

Send this form along with appropriate sampling locations, dates, and results within 10 days after the end of a quarter to:

**Division of Municipal Facilities
918 East Divide Avenue, 3rd Floor
Bismarck, ND 58501-1947
Telephone Number 701.328.5221
Fax Number 701.328.5200**